



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection  
103 South Main Street  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

December 4, 2015

Mr. Michael Joyce, Manager  
Lenny Burke's Farm, Inc.  
Po Box 75  
Wallingford, VT 05773

Dear Mr.. Joyce:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 17, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota".

Pamela M. Cota, RN  
Licensing Chief



PRINTED: 11/24/2015  
FORM APPROVED

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0061	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 11/17/2015
NAME OF PROVIDER OR SUPPLIER  LENNY BURKE'S FARM, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 75 WALLINGFORD, VT 05773		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced on-site survey was completed on 11/17/15 by staff from the Vermont Division of licensing and Protection. The survey included a re-licensure survey and investigation of a complaint. The following regulatory violations are related to the re-licensure survey only. The complaint allegations were not substantiated.	R100		
R113 SS=C	V. RESIDENT CARE AND HOME SERVICES  5.3 Discharge and Transfer Requirements  5.3.a Involuntary Discharge or Transfer of Residents  (1) An involuntary discharge of a resident is the removal of the resident from a residential care home when the resident or the resident's legal representative has not requested or consented in advance to the removal. A transfer is the removal of the resident from the room the resident currently occupies to another room in the home or to another facility with an anticipated return to the home. An involuntary discharge or transfer may occur only when:  i. The resident's care needs exceed those which the home is licensed or approved through a variance to provide; or ii. The home is unable to meet the resident's assessed needs; or iii. The resident presents a threat to the resident's self or the welfare of other residents or staff; or iv. The discharge or transfer is ordered by a court; or v. The resident has failed to pay monthly charges for room, board and care in accordance with the admission agreement.	R113	The Admission Agreement has been amended to include the appropriate words and phrases and on presented to LANSKY/ASSISTANT FOR REVIEW + SIGNATURE	12/3/15

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6508

HFL111

If continuation sheet 1 of 8

R113 - R313 POC accepted 12/3/15 MButton RN/PML

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R113	Continued From page 1  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home included non-allowed reasons for potential involuntary discharge in it's admission agreements for 3 of 3 applicable residents in the sample. (Residents #1, 2, and 3). Findings include:  Per review of the Admission Agreements for Residents # 1, 2, and 3, all agreements contained the same non-allowed potential reasons the resident may be issued an involuntary discharge from the home. The language was not in accordance with the 5 reasons stated in the Vermont "Residential Care Home Licensing Regulations". The non-allowed reasons for involuntary discharge listed in the admission agreements of the 3 residents was confirmed during interviews with the Manager and Administrator on the afternoon of 11/16/15.	R113		
R134 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.7 Assessment  5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary.  This REQUIREMENT is not met as evidenced	R134	ALL RESIDENT ASSESSMENTS ARE NOW COMPLETE AND SIGNED BY RN, KATHLEEN PAULSON. A SYSTEM HAS BEEN PUT IN PLACE TO HAVE ALL RA'S SIGNED WITHIN 14 DAYS OF ADMISSION AND ON A REVIEW BASIS AFTER THAT.	11/17/15

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R134	Continued From page 2  by: Based on staff interview and record review, the admission assessments for 2 of 3 residents in the applicable sample were not completed within 14 days of admission to the home. (Residents #1 and 2). Findings include:  Per review of the medical records for Residents #1 and #2, the Admission Assessment was not completed within 14 days of admission to the home as required. For Resident #1, who was admitted on 12/4/14, the assessment was completed on 12/29/14. For Resident #2, who was admitted on 2/16/15, the admission assessment was completed on 3/2/15. The lack of timely completion of these assessments was confirmed during interviews with the Registered Nurse (RN) and the Manager of the home on the afternoon of 11/17/15.	R134	ALL RESIDENT ASSESSMENTS ARE NOW COMPLETE AND CURRENT AND SIGNED BY RN, WITH A SYSTEM IN PLACE FOR ON-TIME REASSESSMENTS.	11/17/15	
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.9.c (2)  Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RN failed to assure that the resident Care Plans addressed all of the resident's assessed needs and described the necessary care and services to assist in the maintenance of independence and	R145			

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R145	Continued From page 3  well being for 2 of 3 residents in the applicable sample. (Resident #2 and #3). Findings include:  1. Per review of the care plan for Resident #1 on 11/17/15, the plan did not address the resident's needs related to a risk of injury from a medical condition and ongoing treatment for stabilization of the condition (seizure disorder). The lack of a plan to provide written goals and interventions to assist with this identified need was confirmed during interview with the RN on the afternoon of 11/17/15.  2. Per review of the medical record for Resident #3, the resident had multiple medical conditions requiring daily treatments and ongoing monitoring for injury prevention and health maintenance. The care plan did not address these 2 areas of identified needs. The lack of plans to direct staff in the management of these needs was confirmed during interview with the RN on 11/17/15.	R145	THIS HAS BEEN CORRECTED BY RN, WITH A PLAN IN PLACE, AS WELL AS SOME RE-EDUCATION OF STAFF.  RN APPROPRIATE AND ACCEPTED EVIDENCE FROM NURSE SURVEILLANCE AND HAS PUT THESE IN PLACE.	11/17/15  11/17/15	
R189 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.12.b. (3)  For residents requiring nursing care, including nursing overview or medication management, the record shall also contain: initial assessment; annual reassessment; significant change assessment; physician's admission statement and current orders; staff progress notes including changes in the resident's condition and action taken; and reports of physician visits, signed telephone orders and treatment documentation; and resident plan of care.	R189			

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R189	Continued From page 4  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that the medical records for 1 resident were complete and included all reports of physician orders for medications and treatments. (Resident #1) Findings include:  Per review of the medical record for Resident #1 on 11/16/15, the resident was admitted to the home emergently on 12/4/14, without physician orders for all of the medications that the resident brought with him/her upon admission. The facility had received a set of incomplete medical orders that was dated from August 8, 2014, from the previous facility. The resident did not see the new physician until early January, 2015 to get a complete set of all current orders, signed by the current provider. Additionally, a signed copy of current medications was not maintained in the medical record at the home, per review on 11/16/15. On 11/17/15, the home requested from the physician and received via fax, a complete set of signed medication orders.	R189	ADMISSION AND DISCHARGE WILL WORK IN TANDUM FOR ALL FUTURE ADMISSIONS TO ASSURE THAT ALL ORDERS ARE IN PLACE. RESIDENT UNDER REVIEW HAS ALL ORDERS IN PLACE.		11/17/15
R232 SS=A	VII. NUTRITION AND FOOD SERVICES  7.1.a.(1) Menus for regular and therapeutic diets shall be planned and written at least one (1) week in advance.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to plan for and have the menu posted of the current week's meals for breakfast, lunch and dinner. All residents were potentially affected	R232			

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R232	Continued From page 5 by this practice. Findings include:  During the initial tour of the home on 11/16/15 at 9:45 AM, the menu posted on the refrigerator did not include any listed items for the noon meal except for the previous day, 11/16/15. When asked about the lack of items listed for the noon meal, the staff member stated that they have several types of foods available every day for lunch and that residents may choose whatever is available to eat for that meal. The failure to meet the requirement to plan and post each week's completed menu, with specific foods listed for each meal, was confirmed with the Manager and the staff member at the time of the tour.	R232	LENNY BURKE'S FARM PROVIDES ITSELF ON FEEDING ALL RESIDENTS EXCELLENT MEALS, OFFERED MANY CHOICES, INCLUDING HAVING MANAGERS POLL RESIDENTS TO OFFER INPUT ON MEAL SELECTIONS. THIS ISSUE WAS CLARIFIED WITH MANAGER AND ASSISTANT MANAGER - WHO CONFIRMED THIS WHERE SURVEYOR WAS ON PREMISES AND MENUS ARE NOW CONSISTENTLY POSTED.		
R280 SS=D	IX. PHYSICAL PLANT  9.3 Toilet, Bathing and Lavatory Facilities  9.3.d Each bathtub and shower shall be constructed and enclosed so as to ensure adequate space and privacy while in use.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to assure that the resident bathroom had a door which was lockable to ensure the privacy of residents using it. This practice had the potential to affect all residents of the home. Findings include:  Per observations during the morning of 11/16/15, the surveyor noted that the resident bathroom on the main floor of the home did not have a working lock on the door to allow for privacy while in use. After examining the door's locking mechanism	R280		11/17/15	

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R280	Continued From page 6 with the staff member, it was determined by staff that the lock was not in working order. Subsequently, a new lock was installed later the same day.	R280	AS STATED, A NEW LOCKING KNOB WAS INSTALLED WHILE SURVEYOR WAS PRESENT.	11/17/15	
R313 SS=D	<p>XI. RESIDENT FUNDS AND PROPERTY</p> <p>11.1 A resident's money and other valuables shall be in the control of the resident, except where there is a guardian, attorney in fact (power of attorney), or representative payee who requests otherwise. The home may manage the resident's finances only upon the written request of the resident. There shall be a written agreement stating the assistance requested, the terms of same, the funds or property and persons involved.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that they had a written request to manage funds from 1 applicable resident, and also failed to assure that there was a written agreement stating the assistance requested, the terms of same, and the type of funds and the persons involved for 1 applicable resident in the sample. (Resident #4) Findings include:</p> <p>Per interview with the manager of the home, they do assist with the management of the personal needs monies for Resident #4, per the the resident's request. The assistance includes writing out personal checks as requested by the resident for various personal needs. The resident co-signs all checks. The home had not obtained a written request from the resident (only a verbal</p>	R313			



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R313	Continued From page 7 request); nor had the home provided a written agreement of the arrangement made with the resident to assist with checking account management. The home did provide the required quarterly statements to the resident. The failure to adhere to the regulatory requirements for assisting with resident funds was confirmed during interview with the Office Manager and Administrator on 11/17/15 at approximately 2:45 PM.	R313	A DOCUMENT HAS NOW BEEN SIGNED, AND IS ON FILE. SYSTEM OF WORKING WITH PAYEE AND MANAGING ONLY RESIDENTS PERSONAL SPENDING WILL CONTINUE.	11/20/15	
<p>THANK YOU VERY MUCH FOR THE VERY PROFESSIONAL <sup>COURTEOUS</sup> <del>COURTEOUS</del> RESPECTFUL REVIEW CONDUCTED BY MS. BOLTEN. HER GUIDANCE IS MUCH APPRECIATED.</p>					

Division of Licensing and Protection  
STATE FORM

6899

HFL111

If continuation sheet 8 of 8